U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U. 11251 77 (2 ml TIME FILER)	2. Fiscal Year Covered From:		
	[1] / 2005 Through: [2] / 3(] / 2005]		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name CHARLES J DECKER	Name IRON WORKERS LOCAL 396		
	Labor Organization File Number 019470		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2500 59 THI STREET	Street 2500 5974/ 57:		
City ST. Louis	City St. Louis		
State ZIP Code + 4	State MISSOURI ZIP Code + 4 63110		
5. Position in labor organization.  PRESIDENT / BUSINESS AGENT			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
Sileet	,		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Olimber Oak	On 5-5-06 3/4- 40/- 2479  Date Telephone Number		

Name of Person Filling CHARLES J. DECKER		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name TRUST FUND ADVISORS  Trade Name, if any: UNION LABUR LIFE INS. CO.  P.O. Box, Bldg., Room No., if any  Street 2001 W. BUTTERFIELD KOAD, STE. 1110  City DOWNERS GROVE  State IL ZIP Code + 4 63110	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ıtion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TRON WORKERS ST. LOUIS DISTRICT COUNT PENSION & WELFAKE TRUST FLUNDS  Trade Name, if any: TEORD & ASSOCIATES  P.O. Box, Bldg., Room No., if any  Street Z160 S. FOSTER AUE.  City WHEEZING  State TZ, ZIP Code + 4 G00.90	OINNER MEETING. DINNER MEETING. DINNER MEETING OINNER MEETING  11.b. Approximate dollar value  12.a. Nature of interest hele  TRUST FUND  THETR SUBSIDER	- OCH TOURNEY- 6-11-05. \$ 140.00  LLCS, WAS H., D. C. 4-16-05 \$ 71.47  - DOMINICS REST STL. 4-21-05- \$ 97.43  L- " GIBSON'S REST. CHI. 8-9-05-\$ 12 2.43  J.G. CATCH 35 NEST. 12-10-05 \$ 90. 8-7  Lue of such dealing. \$ 522.70	
	12.b. Amount.	39,900,197.10	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?	F-7		

>